

PTO/SB/05 (03-01)

Approved for use through 10/31/2002 OMB 0651-0032 U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL

Please type a plus sign (+) inside this box

Attorney Docket No. UF-260XC1

First Inventor Nathan Andrew Shapira

Title Treatment for Neurogenetic Disorders, Impulse Control Disorders, and Wound Healing

Express Mail Label No. ET535904212US

(Only for new nonprovisional applications under 37 CFR 1.53(b))

APPLICATION ELEMENTS			ADDRESS TO: Box Patent Application				
See MPEP chapter 600 concerning utility patent application contents.			U.S. PTO, P.O. Box 2327 Arlington, VA 22202				
2. Appli	Transmittal Form (e.g. PTO/SB/17) an original and a duplicate for fee processing) icant claims small entity status.		Com 8. Nucleotide	ROM or CD-R in oputer Program (A and/or Amino Aci	Appendi:	x)	
3. Spector prefer to Dex Control of a State	ification [Total Pages 36	FR 1.63(d)) 18 completed) TOR(S)	a	ii. paper Statements verify DMPANYING Al signment Papers (CFR 3.73(b) State an there is an assign lish Translation D mation Disclosur tement (IDS)/PTO liminary Amendment um Receipt Posto build be specifically it tiffied Copy of Pric preign priority is cla publication Requi	Listing or CD-ling iden PPLICA (cover sement line) locumer e [-1449 ent lard (MF emized) ority Docalimed) est under	on: R (2 copies); or tity of above copies ATION PARTS heet & document(s)) Power of Attorney nt (if applicable) Copies of IDS Citations PEP 503) cument(s)	
6. [] Apr	plication Data Sheet. See 37 CFR 1.76	i		ner: <u>Cert. Of Exp</u>	ress Ma	ailing	
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: Continuation Divisional Continuation-in-Part (CIP) of pnor application No Prior application information Examiner Group Art Unit For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.							
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Name (Print/⊺	Frank C. Eisenschenk	k, Ph.D. R	egistration No. (Attorney/Agent)	45,33	32	
Signatu	ire trank C 9	isous cho	ماءره	Date	N	ovember 30, 2001	

Burden Hour Statement This form is estimated to take 0.2 hours to complete Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.



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FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision

METHOD OF PAYMENT

TOTAL AMOUNT OF PAYMENT (\$) 370.00

Complete if Known					
Application Number					
Filing Date	November 30, 2001				
First Named Inventor	Nathan Andrew Shapira				
Examiner Name					
Group Art Unit					
Attorney Docket No.	UF-260XC1				

FEE CALCULATION (continued)

1. The Commissioner is hereby authorized to charge indicated fees	3. ADDITIONAL FEES							
and credit any overpayments to	•	Large Entity		Small Entity				
Deposit Account 10,0065	Fee	Fee	Fee	Fee	-	ee Description	FEE	
Account Number 19-0065	Code 105	(\$) 130	Code 205	(\$) 65	Surcharge-late		PAID	
Deposit Account Saliwanchik Lloyd & Saliwanchik	127	50	227	25	Surcharge-late	provisional filing fee or cover		
Account Name Saliwanchik, Lloyd & Saliwanchik	139	130	139	130	sheet Non-English spe	osification		
Charge Any Additional Fee Required	147	2,520	147	2,520	For filing a requ			
Under 37 CFR 1 16 and 1 17		•			reexamination	·		
Applicant claims small entity status See 37 CFR 1 27	112	920*	112	920*	Examiner action			
2. Payment Enclosed:	113	1,840*	113	1,840*	action	lication of SIR after Examiner		
Check Credit Card Money Order Other	115	110	215	55	Extension for re Month	n for reply within first		
FEE CALCULATION	116	400	216	200	Extension for re	ply within second month		
BASIC FILING FEE	117	920	217	460	Extension for re	ply within third month		
Large Entity Small Entity Fee Fee Fee Fee Fee Description	118	1,440	218	720	Extension for re	ply within fourth month		
Code (\$) Code (\$) FEE PAID	128	1,960	228	980	Extension for re	ply within fifth month		
101 740 201 370 Utility filing fee 370 .0 0	119	320	219	160	Notice of Appea	al		
106 330 206 165 Design filing fee	120	320	220	160	Filing for a brief	support of an appeal		
107 510 207 255 Plant filing fee	121	280	221	140	Request for ora	• • • • • • • • • • • • • • • • • • • •		
## 108 740 208 370 Reissue filing fee	138	1,510	138	1,510	•	ate a public use proceeding		
	140	110	240	55	Petition to revive			
light 160 214 80 Provisional filing fee	141	1,280	241	640	Petition to revive	-		
* SUBTOTAL (1) (\$) 370.00	142	1.280	242	640	Utility issue fee			
(1)	143	460	243	230	•	,	ļ	
2. EXTRA CLAIM FEES	144	620	244	310	Design issue fe	•		
Fee Extra Claims Fee from Below Paid	122	130	122	130	Plant issue fee		<u> </u>	
					Petitions to the			
Total Claims 18 -20** = 0 X = 0	123	50	123	50	-	under 37 CFR 1 17(q)		
Lindependent = 0 X = 0	126	180	126	180		nformation Disclosure Stmt	<u> </u>	
	581	40	581	40		patent assignment per number of properties)		
Multiple Dependent = 0	146	740	246	370		sion after final rejection (37		
Large Entity Small Entity Fee Fee Fee Fee Fee Description Code (\$) Code (\$)	149	740	249	370		onal invention to be examined (b))		
103 18 203 9 Claims in excess of 20	179	740	279	370	Request for Cor	ntinued Examination (RCE)		
102 84 202 42 Independent claims in excess of 3	169	900	169	900		edited examination of a		
104 280 204 140 Multiple dependent claim, if not	l				design applicate	on		
paid 109 84 209 42 **Reissue independent claims over	Other fee (speafy)							
onginal patent 110 18 210 9 **Reissue claims in excess of 20								
and over onginal patent	*Reduced	'Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 0.00			0 1			
SUBTOTAL (2) (\$) 0.00						<u> </u>		
30B101AL (2) (\$) 0.00								
**or number previously paid, if greater, For Reissues, see above								
SUBMITTED BY				Com	plete (if applicab	/e)		
Name (Print/Type) Frank C. Eisenschenk, Ph.D. Registrat (Attorney		4	5,332	7	Telephone	352-375-810	00	
Signature Feanh C Eiseus du					Date	November 30, 2	2001	

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Docket No. :

UF-260XC1

ZU 51540P2E2 T3

Applicant(s) :

Nathan Andrew Shapira, Mary Catherine Lessig, Daniel John Driscoll

For

TREATMENTS FOR NEUROGENETIC DISORDERS, IMPULSE

CONTROL DISORDERS, AND WOUND HEALING

Box PATENT APPLICATION U.S. Patent and Trademark Office P.O. Box 2327 Arlington, VA 22202

CERTIFICATE OF MAILING BY EXPRESS MAIL (37 CFR 1.10)

	ET535904212US
	I hereby certify that the items listed on the attached Utility Patent Application Transmittal
form,	with copies as required for authorization for use of Deposit Account No. 19-0065, are being

Express Mail No..____ Date of Deposit: November 30, 2001

form, with copies as required for authorization for use of Deposit Account No. 19-0065, are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above and are addressed to: Box PATENT APPLICATION, U.S. Patent and Trademark Office, P.O. Box 2327, Arlington, VA 22202.

Sangreal Smith	In angel Smile	
Name of person mailing paper	Signature	